

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23977**

FILED AUG 5 1957

BIRTH NO. _____		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>3017</b>		Registrar's No. <b>94</b>	
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>Boonville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>At home, 518 West St.</b>				STREET ADDRESS (If rural, give location) <b>518 West Street.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Grace V.</b>		b. (Middle) <b>Long</b>		c. (Last) <b>Baker</b>	
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>30</b>		(Year) <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 2<sup>nd</sup> 1891</b>		9. AGE (in years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Napton, Saline Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Hiram Long.</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Thompson.</b>		14. NAME OF HUSBAND OR WIFE <b>F. W. Baker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. F. W. Baker, Boonville, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lumbar Spine</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Stone in L. Kidney.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 16, 1957</b> , to <b>July 30, 1957</b> , that I last saw the deceased alive on <b>July 29, 1957</b> , and that death occurred at <b>1:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold Rosenwory M.D.</b>				23b. ADDRESS <b>Boonville, Mo.</b>		23c. DATE SIGNED <b>Aug 1, 57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 1st, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>8/1/57</b>		REGISTRAR'S SIGNATURE <b>B. Hooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller, Boonville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 14 1967

SEP 8 1967

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *William N. Wood*

Licensed Embalmer No. 4539..

P. O. Address. Boonville, ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.